MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031526
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 251

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0147		
2	0100		
3	1		
4	1		
5	2		
6			
7	0		
8	1		
9	331X		
10			
11			
12	93-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fulton
Length of stay in 1b: 5 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Carolyn Middle: J Last: Henderson

4. DATE OF DEATH: Month: August Day: 20 Year: 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-12-1882

9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Scott Jacobs

13b. MOTHER'S MAIDEN NAME: Susan Barkwell

14. NAME OF HUSBAND OR WIFE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: State Hospital No. 1, Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cerebral vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ☒ attended the deceased from State Hospital No. 1 3-28-1963 to 8-20-1963 and last saw him alive on X X X X X X X X X X X X X X

Death occurred at 8:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Alfred Vellucy M.D.

22b. ADDRESS: Fulton, Mo.

22c. DATE SIGNED: 8/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug 22-63

23c. NAME OF CEMETERY OR CREMATORY: Locust Grove

23d. LOCATION (City, town, or county) (State): Boone Co Mo

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Servic Columbia

25. DATE RECD. BY LOCAL REG.: Aug 20-1963

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Tom M Harg

Licensed Embalmer No. 4067

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.